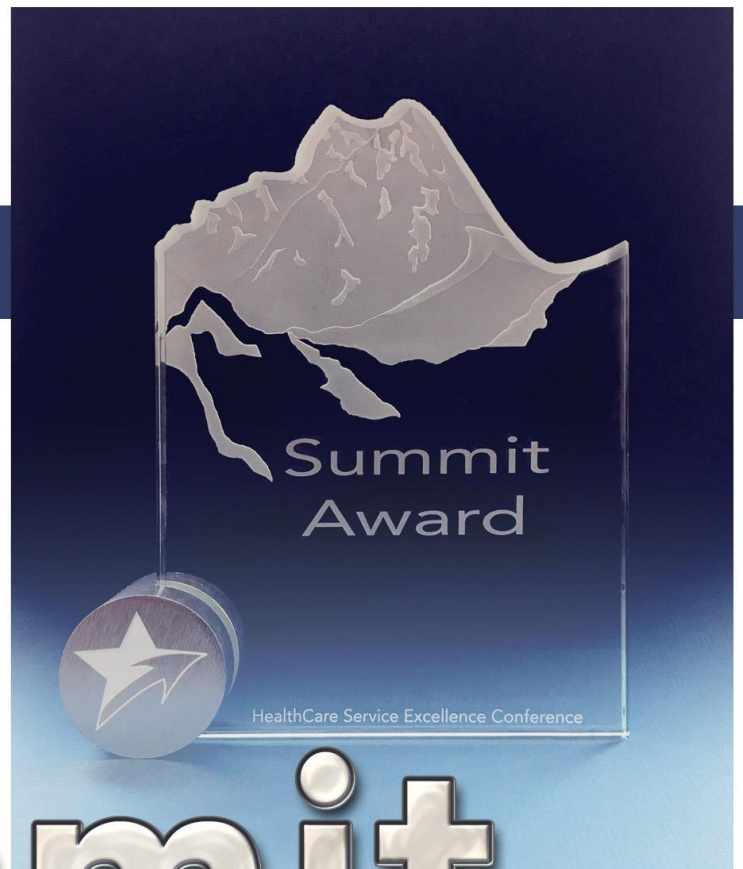


2020 Planning Guide



# Summit Awards

*Recognizing & Celebrating Exceptional Contributions  
to World Class Healthcare Customer Satisfaction*

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## Summit Awards Planning Guide Table of Contents

1. Overview .....	2
2. Eligibility Criteria .....	4
3. Executive Summary .....	5
4. Nomination Timeline .....	6
5. Summit Awards Coordinator Information .....	7
6. Recognition Timeline .....	10
7. Official Rules and Regulations .....	11
8. Sample Completed Nomination .....	12
9. Nomination Forms .....	14

## Summit Awards 2020 Overview

### Greetings!

This Summit Awards Planning Guide will give you all the details you need for the Summit Awards process.

The **Nomination Forms** describe the Rules and Regulations and give the nomination requirements for each of the 16 Summit Awards. The Rules and Regulations in this document should be reviewed by each nominator.

I draw your attention to a couple of the rules:

1. Rule #4 states that each organization may nominate up to three people for each award. If at your organization you receive more than three nominations, it's up to you to decide which three nominations will be forwarded to the Summit Awards Committee.
2. Rule #11 notes that all nominations must be endorsed by your Service Excellence Council. **\*\*This will require you to have all nominations approved by the SEC before submission.\*\*** Final judgments and/or approvals need to be made by your Service Excellence Council and signed off (via the check-box) by the Service Excellence Council Chair.

### Nominations

Pages 14-29: Here's where you make the case for each nomination. We've provided you with template forms in this document to assist you in distributing the nominations. There are specific criteria for each award so please read each one carefully. The nominator selects an individual or team to nominate for a specific award and then goes to the appropriate page and responds to the questions. Tips to guide your nominating responses are in italics, but you don't have to follow them to the letter. *Simply put: What can you tell us that's special and unique about the person or team you're nominating? Why should we they be celebrated?*

All nominations will need to be typed and submitted by email to [info@hcsecawards.com](mailto:info@hcsecawards.com). No handwritten entries will be accepted. The individual nomination forms for distribution can be accessed on our website: [www.HCSECawards.com](http://www.HCSECawards.com)

### We're Here to Help!

We look forward to receiving a full complement of nominations from each organization. Meanwhile, if you have any questions or concerns, please contact us at your convenience.

### Guidance, Rules & Regulations, and Form Completion

(Guidance is provided for anything of concern – not limited to just rules and regulations)

Chelan MacMillan  
HCSEC Awards Chair  
[info@hcsecawards.com](mailto:info@hcsecawards.com)  
Phone: 1-800-667-7325 ext. 230

Martha Jasinski  
HCSEC Awards Vice-Chair  
[info@hcsecawards.com](mailto:info@hcsecawards.com)  
Phone: 1-800-667-7325 ext. 203

## Overview of the Process for Submitting Nominations for Summit Awards

Summit Award rules and nomination criteria can be found in this document and are provided online at [www.HCSECawards.com](http://www.HCSECawards.com)

Many facilities incorporate the Summit Awards with their own internal awards and recognition process. The key is to review the sixteen award categories and to select an individual, a team, or a leader that you would like to recognize. The “nominator” would then contact the Summit Awards Coordinator and begin the process.

We've included a poster for you to put up in your organization to let everyone know about the awards that are available for them to nominate folks.

## Nomination Forms

There are separate nomination forms for each of the awards. The nomination form will provide you with guidelines that are specific to that award. Refer to Page 5 for a listing of the various awards.

Once the nomination is completed it should be forwarded to your Summit Awards Coordinator who is responsible for having the nomination approved by the Service Excellence Council and signed off by the Service Excellence Council Chair.

The nomination should then be submitted submitted by email to [info@hcsecawards.com](mailto:info@hcsecawards.com). A record of all nominations should be retained. After the nomination deadline, a confirmation of the number of nominations will be sent to each Summit Awards Coordinator.

## What Happens Now?

Once the deadline arrives, all nominations are judged and eventually the top three or four Pinnacle Achievers in each of the award categories are announced. Achievers will be announced by Friday, October 16, 2020. This will give you time, if desired, to register the nominee to attend the conference to receive their award in person, should they achieve Summit status.

During the Night of Excellence Banquet at the HealthCare Service Excellence Conference, one Pinnacle Achiever in each award category will be designated the 2020 Summit Award Recipient. Summit Award Recipients will receive both a certificate and a Summit Award plaque.

During the “awards presentation” process we will be featuring highlights of the Pinnacle Achievers and will be requesting photos for use during the awards ceremony.

There are many opportunities to recognize individuals and teams at various stages of the process. We recommend that you address these opportunities at the local level and develop your recognition processes that will celebrate individual and team achievements.

By request, we have a template press release for local use that we can send to you.

## Summit Awards Coordinators' Guide

### The Summit Awards Program

If you are a first-year participant, this information is intended to help in planning and processing your award nominations.

The Service Excellence Initiative™ places a high priority on the importance of an “awards and recognition” process. We look to the following individuals and groups to play an important leadership role in the roll-out of your Summit Awards process.

- Implementation Coordinator (Program Director)
- Service Excellence Chair & Members
- Awards and Recognition OASIS Team or Committee Chair
- Chief Executive Officer and/or Executive Team

Each participating Service Excellence organization is unique in size, structure, number of facilities (including satellites) and culture. The variables require flexibility in establishing your organization's Summit Awards systems and procedures. No one system will work for all. The following suggestions are intended to provide you with a guideline in establishing a system that works for you.

### Summit Awards Eligibility Criteria

- Clients who are just beginning the SEI Process and have not completed the internal Service Excellence Workshops are only eligible for these awards:
  - Exceptional Nurse
  - Exceptional Employee
  - Empowering Manager
  - Customer Focused Physician/Provider
  - Motivating Administrator
  - Inspiring Chief Executive Officer/President
- SEI Clients who have completed their internal 1<sup>st</sup> Year Service Excellence Workshops are eligible for all awards, excluding Service Excellence Ambassador and Medical Clinic/Hospital of Choice.
- Service Excellence Ambassador and Medical Clinic/Hospital of Choice awards are open to SEI Clients who are in their 2<sup>nd</sup> Year and beyond.

If you are unsure if you are eligible for a particular award, please contact the HCSEC Awards Chair at [info@hcsecawards.com](mailto:info@hcsecawards.com) for clarification.

## Executive Summary

### The HealthCare Service Excellence Conference 2020 Summit Awards

The Summit Awards is a prestigious recognition program that celebrates exceptional customer service achievements in healthcare and in initiatives for improving:

- The quality of service to patients/customers
- The quality of work life for healthcare professionals
- The performance of healthcare organizations

The Summit Awards are a North American-wide recognition program established and managed by the HealthCare Service Excellence Conference. All healthcare facilities who are participating in the Service Excellence Initiative™ are eligible to submit nominations.

#### Individual Awards

- I-1 Service Excellence Advisor 1<sup>st</sup> Year
- I-2 Service Excellence Ambassador
- I-3 Exceptional Nurse
- I-4 Exceptional Employee
- I-5 Empowering Manager
- I-6 Customer Focused Physician/Provider

#### Team Awards

- T-7 Service Excellence Advisor Team
- T-8 OASIS Team
- T-9 DO IT Improvement of the Year

#### Leadership Awards

- L-10 Super Coach
- L-11 Implementation Coordinator (Program Director)
- L-12 Service Excellence Council
- L-13 Empowering Administrator
- L-14 Inspiring Chief Executive Officer/President

#### Organization Awards

- O-15 Medical Clinic of Choice
- O-16 Hospital Provider of Choice

The Summit Awards are presented annually at the HealthCare Service Excellence Conference during the closing Night of Excellence Banquet.

The top three or four nominees for each award will be announced prior to the conference and will be recognized at the conference as Pinnacle Achievers, receiving a pin and certificate at registration. One of the Pinnacle Achievers will be elevated to Summit status and will be presented with a plaque and certificate.

## Summit Nomination Timeline

Confirm your Summit Awards Coordinator and forward their name to <a href="mailto:info@hcsecawards.com">info@hcsecawards.com</a> . If no name is submitted, it will be assumed that the Implementation Coordinator (Program Director) will take on this role.	July 2020
Summit Awards Coordinator distributes nominations to organization	Immediately
Summit Awards Coordinator forwards nominations to the Service Excellence Council for their review	September 2020
Service Excellence Council reviews nominations and returns them to Summit Awards Coordinator	September 2020
Summit Awards Coordinator submits nominations by email to <a href="mailto:info@hcsecawards.com">info@hcsecawards.com</a>	September/October 2020 with the final deadline of <b><u>Friday, October 16, 2020</u></b>
HCSEC receives nominations and begins the judging process	October/November 2020
HCSEC announces Pinnacle Achievers	Friday, November 20, 2020



## Summit Awards Coordinator Information

The size and complexity of your organization will define both “who” and “how” you organize the task of ensuring that your people are recognized by participating in the Summit Awards.

### 1. Selecting a Summit Awards Coordinator

A formally designated Summit Awards Coordinator could be one of the following:

- a. Implementation Coordinator (Program Director)
- b. Awards & Recognition OASIS Team Captain or another member
- c. Established Awards & Recognition Committee Chair or another member
- d. Member of the Service Excellence Council

### 2. Role and Responsibility Checklist

- a. If you have any questions about your responsibilities, please contact the HCSEC Awards Chair at [info@hcsecawards.com](mailto:info@hcsecawards.com). Also, please notify the HCSEC Chair of your Summit Awards Coordinator appointment as soon as possible.
- b. Decide if you require a committee.
- c. Review documents together and ensure that everyone has copies of the nomination forms and guidelines.
- d. Set a goal of submitting a minimum of 1 nomination per eligible category.
- e. Set your own timeline in sync with the Summit Nomination Timeline listed on the previous page.
- f. Adopt a Summit Awards campaign to promote awareness.
- g. To ensure successful acceptance of nominations, ensure each nomination is of a competitive quality and that all nominations are true and complete and have passed through both the Summit Awards Coordinator and Service Excellence Council for approval.

Follow the instructions on the next page to register your Summit Awards Nomination Team.



*Summit Awards Coordinator Information (cont'd)*

## Summit Awards Coordinator's Registration

The information is requested to assist us in communicating with you. It will also be used when receiving and judging nominations to ensure procedures are followed and for contacting the proper individuals.

**A. Implementation Coordinator (Program Director):** \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**B. Summit Awards Coordinator (if different):** \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please email this information to:**

Chelan MacMillan  
HCSEC Awards Chair  
HealthCare Service Excellence Conference  
Email: [info@hcsecawards.com](mailto:info@hcsecawards.com)

Please provide a copy of this guide to each person who will be involved in the nominating process.

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*Summit Awards Coordinator Information (cont'd)***3. Promoting and Encouraging Nominations**

- a. Critical consideration of a recognition program is that “what gets recognized and rewarded gets repeated” and we certainly want to repeat excellence. Recognition is important at every level of the organization.
- b. If you have a local program, this may serve as a checklist for you. If you don't have a local program, let this be a guideline for you.
- c. The two major items to be resolved are:
  - i. Establish a team of individuals that are dedicated to a successful program and who have the energy, desire, and time to complete their tasks.
  - ii. Establish your levels and rewards for recognition. It is okay to involve participation from all levels.
- d. Ensure that management is informed and committed to providing the necessary support.
- e. Integrate your participation in the Summit Awards and Breakthrough Awards with your own local program.
- f. Your promotional plan for nominations should consider the ways to communicate to the groups particularly for the individual and team awards, and a more selective approach for the leadership and organization awards.
- g. Integration of some awards is natural e.g. “Nurse of the Year” would be suitable for the “Exceptional Nurse” award.
- h. Monitor your progress as you go. Set some objectives then review your results.

**4. Internal Judging Process and Guidelines**

- a. Judging is an essential task and must be perceived as open and fair.
- b. Consider at least two judges for each local award or for each award category.
- c. Choose judges from areas that are not in direct competition and do not have any relatives or close friends that they would judge. Choose individuals that have an interest in competition, quality, and are fair minded.
- d. It is not necessary to make public who is judging what awards, however, it is acceptable to acknowledge the judges.
- e. Decisions of the judges must be made based on merit. It is not a popularity contest, it is an opportunity to recognize, reward, and celebrate outstanding achievements. Ensure that the judges' decisions are final.

## Summit Recognition Timeline

HCSEC receives nominations and begins the judging process.

Friday, October 16, 2020

Summit Awards Coordinator receives 'You Have Been Nominated' certificates electronically from the HCSEC for every nomination that is submitted. If you have additional internal nominations that will not be submitted to HCSEC, we have a template you can use for recognition – on request.

November 2020

HCSEC announces Pinnacle Achievers.

Friday, November 20, 2020

Summit Awards Coordinator receives Pinnacle Achiever certificates and pins for distribution. They are to determine when to distribute the certificates to the appropriate people/teams.

December 2020

Summit Awards are presented during the Night of Excellence Banquet at the HealthCare Service Excellence Conference.

Wednesday, February 10, 2021

Facilities are encouraged to have their own Summit Awards "Walk of Fame" celebration/reception with appropriate news release coverage. A news release will be provided to the Summit Awards Coordinator after conference.

February 2021



## Official Rules and Regulations

1. The HCSEC Summit Awards competition is available only to organizations participating in the Service Excellence Initiative™.
2. The deadline for nominations to be received by the judges is **Friday, October 16, 2020**.
3. All nominations will need to be typed and submitted by email to [info@hcsecawards.com](mailto:info@hcsecawards.com). No handwritten entries will be accepted. The individual nomination forms for distribution can be accessed on our website: [www.HCSECawards.com](http://www.HCSECawards.com)
4. Eligible organizations are encouraged to submit **up to three different nominees for any** or all individual, team, or leadership awards. (Except for the Service Excellence Council and Hospital Provider of Choice Award, in which there can be only one nomination). Please make every nomination complete and separate. If you have a person who is nominated in more than one category, please choose only one category that you will submit the nomination for.
5. All nominations must stand alone. Supporting information such as brochures, letters, print media, etc. are welcome inclusions. Please include these as part of the submission (ensure they are within a reasonable size). The judges must be able to complete their assessment without visiting the nominator. **\*\*If your nomination does not contain enough information for the judges, it will be sent back to you with a request to add more information.**
6. Nominations that reference statistical data must include dates of start and finish and the source of measurement. Organizational statistics should not be used as a measure for a unit, department, or division. The unit, department, or division stats should stand alone for that group.
7. Nominations for improvement initiatives must substantially reflect the effort of the organization. Consultants or other external sources used in the development or implementation of the initiative must be clearly defined. Such initiatives must be in use or have fully completed their mandate.
8. Individuals being nominated for Summit Awards must be currently employed or be a volunteer within the nominating organization. If after a nomination is made and an employee or volunteer has put in their resignation or are no longer working for the organization, you are to inform the HCSEC Awards Chair immediately.
9. There are four separate categories of awards. Each nomination within a category should substantiate that nomination. **I – Individual:** Statistics and references should pertain to the individual. **T – Teams:** Consider the team's objectives and/or mandate. **L – Leadership:** Comments should relate to leadership qualities and the level of leadership demonstrated. **O – Organization:** Include all aspects of the organization, the totality of the overall effort.
10. All nominations are eligible to qualify as one of the Pinnacle Achievers. They are recognized as the top in each category. One Pinnacle Achiever will be named the ultimate Summit Award recipient. Once the Pinnacle Achievers have been announced, a picture of each Pinnacle Achiever must be sent to the HCSEC Awards Chair.
11. All nominations must include the endorsement of your Service Excellence Council and be signed off (via the check-box) by the Service Excellence Council Chair.
12. All decisions of the judges are final. The judges reserve the right to limit awards based on achievement and quality. Regardless of the number of nominations received, there is no guarantee that any or all nominees will achieve award status.

## I – 5 Empowering Manager – **SAMPLE NOMINATION**

Name of Nominee: John Smith

Name of Organization: ABC Hospital

Nominated By: The CEO

A. Provide a brief snapshot of “why” this individual is being nominated.

*John is an exceptional person both personally and professionally. He continually goes out of his way to ensure that every employee has the tools they need to do their jobs. The support and encouragement that he provides to his employees is second to none. He consistently rounds on each and every one of his staff every day and is genuinely interested in the goings on within their lives. His staff feel comfortable going to him with any concerns whether they be about the job they are doing or if they are having struggles with their personal lives. His staff call him ‘Brother John’. If every manager in the system were as focused as John, we would have no problems with responsibility and accountability.*

B. How has this nominee made a difference?

*John feels that by empowering his staff and acknowledging both their personal and professional lives he will be able to provide them with everything they need to provide the best patient satisfaction in such a high-stress department such as his. He creates an environment where his staff WANT to come to work, not just have to. John has taken the lead in getting his staff on board with LEAN strategies, in fact, John’s department started using LEAN methodology long before training was rolled out to all frontline staff members.*

C. How and what impact has this manager had on patient/customer satisfaction?

*John’s department has among the highest HCAHPS and Patient Satisfaction scores within the hospital. I truly believe that this can be mainly attributed to John. Bottom line... he cares! Plain and simple. He consistently models to his staff how every job can be done with a smile and a positive demeanor. John’s support of Service Excellence has enabled 3 of his staff members to become strong Service Excellence Ambassadors. He allows them the time out of the department as needed, to continue to train and improve their skills. This accommodation has helped lead the department to the 95<sup>th</sup> percentile ranking for the 3<sup>rd</sup> quarter, 2016 in our survey. (See attached)*

*There is no job too good for him to do and he is the first one to offer to clean the bedpans if there is no one immediately available. He does not hesitate. He does not consider himself to be ‘above the rest’, even though he is the manager. Not only does he model his behavior with his staff, but it has translated to the physicians as well. The physicians on the floor are excited when they work in John’s department as they know they can rely on the work to get done appropriately and efficiently, allowing the physicians to provide the best medical care possible.*

- D. How and what impact does this person have in improving employee morale and the culture of the organization?

*John strongly believes that in order to provide the best patient care, everyone needs to trust each other and understand that they are 1 team. In addition to monthly communication meetings, every few months John holds a special staff meeting in which his employees open up and share how they feel they are communicating within the department. This always feels like a positive 'therapy' session in which everything gets out in the open. At the conclusion of the session he asks everyone to stand up in a line. He then requests for the first person to fall back into the arms of the person behind them in a 'trust' exercise. One of his new employees said to me, "I have never seen anything like this in my 23-year career. What a phenomenal way to engage and empower the staff! I feel like I am making such a difference!" Jane Anderson (Radiology) states, "John also encourages/empowers us to settle small problems amongst ourselves, helping the individuals in the department grow into a unified team." John's work doesn't stop at his department, he also reaches across departments as issues arise and helps the team find the best solution.*

- E. Describe if you can, what impact this person has had on improving the community's perception of the organization.

*Not only does John do a fantastic job within the hospital, he is always advocating for the hospital out in the community. He consistently brags about ABC Hospital to everyone he meets. There is nothing he loves more than sharing his experiences with those around him. That is just who he is! He has a large community involvement as a volunteer at the local church shelter as well as for every activity that he makes time for.*

- F. What empowering behaviors distinguish the nominee from other managers?

*John understands that in order to do a good job, you need to relate to not only your staff but your patients as well. I have NEVER seen John have a bad day here at ABC Hospital although I'm sure he has them just like everybody else. Recent department employee survey scores show John's commitment to employee empowerment. Mean scores in key question areas include:*

*My immediate supervisor is receptive to staff suggestions (90.7)*

*Given my responsibilities, I have the authority to make decisions (88.9).*

*Changes at the department level have been made as a result of input from staff (87.2)*

*John also consistently scores in the top quartile for employee satisfaction among ABC Hospital's managers.*

*He does not believe in 'just getting by' and he also understands that there is always room for improvement. John goes above and beyond in every aspect of his life here at the hospital. He is THE empowering manager!!*

## Nomination Forms:

### I – 1 Service Excellence Advisor – 1<sup>st</sup> Year

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Name of Nominee: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*Your comments should focus on his/her outstanding qualities as an SEA, with some information about this person as an exceptional individual, a “good influence” on the organization’s life and culture.*

B. How has this nominee made a difference?

*Why is this particular person the difference-maker --- on his/her team, or among the whole cadre of SEAs? What makes this individual stand out from the rest?*

C. How and what impact has this SEA had on patient/customer satisfaction?

*Describe the “gift of connectivity” this person has when in personal contact with patients or with non-clinical ‘customers.’ Quotes from patients/customers are very useful.*

D. What’s the impact this SEA has had on improving employee morale and the culture of the organization? How did he/she accomplish this?

*Tell us what this individual’s special talent is. Leadership? Ability to build consensus? Compassion? Simply walks the walk?*

E. What impact has this SEA had on improving the community’s perception of the organization?

*Please provide specific details.*

F. What behaviors distinguish this nominee from other SEAs?

*Give us details of how this SEA has provided leadership and service “above and beyond.”*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

## I – 2 Service Excellence Ambassador

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Name of Nominee: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*Please focus your commendation of this Ambassador on the individual’s qualities as a wise counselor and advisor. Telling details about this person as a mentor are helpful: What are this Ambassador’s unique strengths? Why was he/she successful in this role?*

B. How has this nominee made a difference?

*Please cite some examples of how he/she successfully mentored SEAs and the SEA Teams. What off-the-wall ideas did this Ambassador come up with, that were practical --- and successful?*

C. How and what impact has this Ambassador had on patient/customer satisfaction?

*Through those he/she mentored, can you describe this person’s impact on patients and/or non-clinical ‘customers?’ How did this Ambassador set the pace of commitment for others? How did they function as a role model? If this person never mentored before, does he/she have a unique gift for the job? Would this award solidify awareness at your organization of this person’s special talent? Some anecdotal information would be very useful.*

D. How and what impact did this Ambassador have in improving employee morale and the culture of the organization?

*Again, his/her influence is indirect. (Magic Johnson doesn’t play any longer, but indirectly as a Laker mentor, he improves morale and guards the team’s culture.) How did this Ambassador fulfill that role?*

E. What impact has the Ambassador had on improving the community’s perception of the organization?

*Please provide specific details.*

F. What behaviors distinguish this nominee from other Ambassadors?

*Give us details of how this Ambassador has provided leadership and service “above and beyond.”*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**



### I – 3 Exceptional Nurse

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Name of Nominee: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*We take seriously the word “exceptional” in this award. What about this nurse is unique? What about this person’s daily performance is singularly meritorious? Personal information and anecdotal reporting are most welcome.*

B. How has this nominee made a difference?

*Include details of how this individual is the “very best of your best” as a clinician, a leader, a preceptor, a role-model, and a fierce advocate of the highest traditions of the nurse profession.*

C. How and what impact has this nurse had on patient/customer satisfaction?

*Describe the personal impact by this nurse on patients/customers. Can you share examples of how he/she responds to patients’ personal issues --- responds to emotional needs, treats the “whole person,” is sensitive to the patients’ potential ‘loss of identity’ from being in the organization? What other behaviors make this person exceptional? If you have them, quotes from patients/customers would be very helpful to share with us.*

D. How and what impact does this nurse have in improving employee morale and the culture of the organization?

*Provide specific examples of how this nurse has been a positive role model for peers and how her/his behavior has had a transformative effect on the life of the organization.*

E. What impact has this nurse had on improving the community’s perception of the organization?

*Please provide specific details.*

F. Which behaviors differentiate this nominee from other nurses?

*Provide details of how this nurse has provided leadership and service “above and beyond.”*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

## I – 4 Exceptional Employee

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Name of Nominee: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*We take seriously the word “exceptional” in this award. What about this individual is unique? What about this person’s daily performance is singularly meritorious? Personal information and anecdotal reporting are most welcome.*

B. How has this nominee made a difference?

*Include details of how this individual is the “very best of your best” as an employee.*

C. How and what impact has this employee had on patient/customer satisfaction?

*Describe the personal impact by this individual on patients and co-workers. Can you share examples of how he/she responds to patients’ and co-workers’ personal issues? What other behaviors make this person exceptional? If you have them, quotes from patients and co-workers would be very helpful to share with us.*

D. How and what impact does this employee have in improving employee morale and the culture of the organization?

*Provide specific examples of how this individual has been a positive role model for peers and how her/his behavior has had a transformative effect on the life of the organization.*

E. What impact has this employee had on improving the community’s perception of the organization?

*Please provide specific details.*

F. Which behaviors differentiate this nominee from other employees?

*Provide details of how this individual has provided service “above and beyond”.*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

## I – 5 Empowering Manager

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Name of Nominee: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*Empowerment means allowing others to make their own choices; it doesn't mean making choices for them. Can you tell us how your nominee in this category encouraged people to 'step up' and gave them new responsibilities and the authority to carry out new and challenging tasks? Is this nominee a champion for empowerment via increased training? Does she/he employ strategies that help people reach their full potential? Got good stories to illustrate?*

B. How has this nominee made a difference?

*In the case of either clinical or non-clinical managers, how does he/she empower associates to take charge, entrusting them with growthful challenges, allowing them to take the lead?*

C. How and what impact has this manager had on patient/customer satisfaction?

*Tell us how this individual's empowering behaviors have a beneficial effect on patient, employee, or physician satisfaction. For example, did he/she model how to empower patients to take increased responsibility for their good health? What has this person done to empower staff to communicate more effectively with physicians, thus creating better relationships, better service to patients? What other examples and behaviors illustrate this person's good influence on patient satisfaction? (For non-clinical managers nominated, how did this person's ability to empower have a positive ripple effect ultimately on the clinical side of the organization? We all serve somebody ...)*

D. How and what impact does this person have in improving employee morale and the culture of the organization?

*How does this person “grow the organization” by empowering his/her people to sail into uncharted waters?*

E. What impact has this person had on improving the community's perception of the organization?

*Please provide specific details.*

F. What empowering behaviors distinguish this nominee from other managers?

*Share examples of how this individual has provided leadership by way of empowerment, strengthening and invigorating people to provide service “above and beyond.”*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

## I – 6 Customer-Focused Physician/Provider

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Name of Nominee: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*How does this physician’s/provider’s daily behavior give evidence of an exceptional focus on the needs of his/her patients? What unique “people-skills” does this provider possess? In what special ways does he/she connect with patients at a remarkable depth? Anecdotal information in support of your nominee is most welcome.*

B. How has this nominee made a difference?

*What’s the game-changing difference about this physician/provider? How has this person’s patient-focused behavior been a role-model for all who work with him/her? How has this strengthened organization morale?*

C. How and what impact has this physician/provider had on patient/customer satisfaction?

*Have you any quotes from patients and family members about this unique physician/provider? Care to share? How has his/her client-focus set a better example for clinicians and non-clinicians alike? What behaviors toward improved patient satisfaction have others learned from observing this physician/provider? What else can you think of to tell us more about this person?*

D. How and what impact does this physician/provider have in improving employee morale and the culture of the organization?

*Sometimes the place just seems better when this person is around. You do better work. You go home at shift’s end proud of what you’ve accomplished as a team. Can you write down some specific examples of how this person has that kind of positive effect on the life of the organization?*

E. What impact has this physician/provider had on improving the community’s perception of the organization?

*Please provide specific details.*

F. Which behaviors distinguish the nominee from other physicians/providers?

*Give details of how this individual’s focus on patients has provided inspiration for all associates to go “above and beyond.”*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

## T – 7 Service Excellence Advisor Team

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

The Nominated Team's Name: \_\_\_\_\_

Team Member Names: *(List them separated by a comma)* \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this team is being nominated.

*What is exceptional about this team of SEAs? What was unique about what they brought to their Workshop presentations? Were they super-creative? Inventive? Great teachers? Or was this the “go-to” team you could always count on to fill in for another group? Was this a team which was resilient enough to overcome a series of barriers? Why are they different from all other teams?*

B. How has this team made a difference?

*What do we celebrate in giving them this award? Change is about ‘what’s different now?’ What’s the difference-maker about this team of SEAs? Got a good story about them?*

C. How and what impact has the SEA Team had on patient/customer satisfaction?

*In large part, the Service Excellence Workshop is about excellence in service. Were there any ways in which this team put their finger directly on the pulse of patient satisfaction --- and transmitted their own service commitment to their Workshop attendees?*

D. How and what impact did the SEA Team have on improving employee morale and the culture of their environment?

*Was there something about this presenting team that just seemed to bump up morale? Did a large number of people come out of their Workshops “bumped and pumped?” Were they simply terrific role-models for Service Excellence? How’d they do it? Tell us.*

E. What impact has this team had on improving the community’s perception of the organization?

*Please provide specific details.*

F. What behaviors allowed this SEA Team to stand out from others?

*Share details of how this team encouraged a service culture that goes “above and beyond.”*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

## T – 8 OASIS Team

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

The Nominated Team's Name: \_\_\_\_\_

Team Member Names: (List them separated by a comma) \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this team is being nominated.

*OASIS Teams are charged with establishing Best Practices across a wide spectrum of facility functions. Is there one specific team that has done exceptional work? Why are they deserving of your nomination? Why are they a stand-out?*

B. How has this team made a difference?

*How has their Best Practice been a difference-maker at your organization? Did they innovate? What's been the practical effect of their work? How are we better for this new Best Practice?*

C. How and what impact has the OASIS Team had on patient/customer satisfaction?

*Every new Best Practice influences patient satisfaction in some way. Can you describe how the work of this nominated OASIS Team made itself felt on patients and their families? Any supporting evidence (survey scores, patient testimonials, recognition from leadership, etc.) is always welcome.*

D. How and what impact did this OASIS Team have on improving employee morale and the culture of their environment?

*The coherence, purpose, and good energy of the OASIS Team is often a powerful influence upon the morale of the organization at large. Examples of the way this team's practical ideas and good vibrations contributed to the cultural well-being of the organization will win you points with our judges! Fire away!*

E. What impact has this team had on improving the community's perception of the organization?

*Please provide specific examples.*

F. Have the team's activities resulted in an improvement in productivity, or in reducing expenses, improving income or reducing turnover, etc.? Please cite the benefits in the areas impacted.

*If you can, show the 'before and after' results. (Please don't deluge us with data; give just enough to make your point.)*

G. What behaviors mark this OASIS Team as exceptional?

*Provide details of how this team has provided service "above and beyond."*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

## T – 9 DO IT Improvement of the Year

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

The Nominated Team's Name: \_\_\_\_\_

Team Member Names: *(List them separated by a comma)* \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of "why" this DO IT Team project is being nominated.

*What made this unit-based project especially effective? What patient or customer dissatisfier was it in response to? What about this DO IT project distinguishes it from any others done at your facility? Why is it worthy of an award?*

B. How has this "DO IT improvement project" made a difference?

*How did the project improve communication, teamwork, etc. on behalf of your department's service goals? How did this project prove to be a difference-maker? What changed?*

C. How has the improvement made an impact on patient/customer satisfaction?

*How did your patients benefit because of this project? (If the nominated team is from a non-clinical unit, how did this project ultimately contribute to better patient care and patient satisfaction?)*

D. Did the improvement improve employee morale and the culture of the environment?

*Please tell us any of the ways in which the improvement project's success could also be seen in an increased level of high morale in the unit and the organizations culture at large.*

E. What impact has this improvement had on the community?

*Please provide specific details.*

F. If the improvement had a positive impact on productivity, or in reducing expenses, improving income or reducing turnover, we'd like to hear how any of these areas of the organization benefited.

*Also, if you can supply any 'before and after' stats, they would be helpful.*

G. What behaviors differentiate this DO IT Team and their project from other DO IT Teams?

*Stories and other anecdotal information are helpful here.*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

**L – 10 Super Coach (Could be SEA Super Coach(es) OR OASIS Team Super Coach(es))**

*This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)*

Name of Nominee: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*Can you give us a quick overview of the unique qualities of this nominated Super Coach?*

B. How has the Super Coach made a difference?

*What behaviors set this Super Coach apart from others? What are his/her especially effective coaching skills? How does his/her presence as a Super Coach have a positive impact on teams or individuals? Examples of this person’s superior coaching skills are welcome.*

C. How and what impact has the Super Coach had on patient/customer satisfaction?

*Ultimately, how did this skillful Super Coach influence the overall understanding of the importance of customer/patient satisfaction at our organization?*

D. How and what impact did the Super Coach have on improving employee morale and the culture of our workplace?

*By using his/her good influence, the nominated Super Coach has been a positive role model for staff, for peers, and for the organization at large. Can you give an example of how he/she makes everybody’s day just a little bit better?*

E. What impact has this Super Coach had on improving the community perception of the organization?

*Please provide specific details.*

F. What behaviors differentiate this Super Coach from other Super Coaches?

*Illustrate how this coach exemplified new ways to coach successfully.*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**



## L – 11 Implementation Coordinator (Program Director)

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Name of Nominee: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*Please tell us what makes your Implementation Coordinator (Program Director) a stand-out. Is it his/her organizational skills? Commitment to the SEI? Quiet confidence? Ability to be a cheerleader? Leadership? Ability to cut to the heart of the matter?*

B. How has the Implementation Coordinator (Program Director) made a difference?

*Got a story that sums it up about this individual? How does she/he get everyone moving in the same direction toward excellence? Is this person great at twisting arms, when necessary? Or does this person have that indefinable something called “charm.” (And that’s why stuff gets done.)*

C. How and what impact has the individual had on patient/customer satisfaction?

*If the facility’s satisfaction scores have gone up, it’s ultimately due in large part to the IC’s leadership of the SEI. Can you see your IC’s fingerprints all over whatever new successes the organization has had with taking care of its clients and its community?*

D. How and what impact did the individual have on improving employee morale and the culture of their environment?

*The IC doesn’t do it alone, but he/she deserves a share of the kudos when they’re handed out. Can you name any special up-tick in morale that is traceable to your IC? Culture change, too?*

E. What impact has this individual had on improving the community’s perception of the organization?

*Please provide specific details.*

F. Which behaviors distinguish this individual from others?

*Give us details of how this individual has provided leadership “above and beyond?”*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

## L – 12 Service Excellence Council

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Nominee Council Name: \_\_\_\_\_

Team Member Names: *(List them separated by a comma)* \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” the council is being nominated.

*Perhaps tell some of the creative ways this Council has demonstrated leadership. Describe how they’ve made the Service Excellence Initiative come alive for the whole organization.*

B. How has the Service Excellence Council made a difference?

*How has the Council spearheaded the Change process? Were they especially influential during the transition phase from the old way of doing things to the new, service-inspired model?*

C. How and what impact has the Council had on patient/customer satisfaction?

*Describe goals and vision they helped articulate. List accomplishments so far. Got stats? Survey results you’re proud of because of Council’s leadership? Quotes from patients/customers and other staff?*

D. How and what impact did the Council have on improving employee morale and the culture of their environment?

*Directly or indirectly, how did the Council’s advocacy for excellence in service to patients and to one another provide the catalyst for improved morale and a re-vitalized culture?*

E. What impact has this Council had on improving the community perception of the organization?

*Please provide specific details.*

F. What behaviors define your Council as exceptional?

*What do they do? (Not just “What do they say?”) Cite visible behaviors, however subtle, please.*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

## L – 13 Motivating Administrator

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Name of Nominee: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*Of all the Administrators at your organization, how has this individual motivated staff with respect to Service Excellence? How have they enlivened and animated the drive toward excellence? Give us some examples of what this person has done.*

B. How has the individual made a difference?

*What distinguishes this Administrator’s energy on behalf of the SEI?*

C. How and what impact has this individual had on patient/customer satisfaction?

*Do you have stories you can share about this Administrator’s good influence?*

D. How and what impact did this individual have on improving employee morale and the organization’s culture?

*Share specific examples of how the individual’s creativity, understanding, and leadership have been motivating models for others to follow.*

E. Describe what impact the individual has had on improving the community perception of the organization?

*Please provide specific details.*

F. What behaviors differentiate this individual from other administrators?

*How is he/she more motivating than others? What’s the secret ingredient?*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

## L – 14 Inspiring Chief Executive Officer/President

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Name of Nominee: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*How has this individual been inspirational in leading your organization? Give us some examples of what this person has done.*

B. How has the individual made a difference?

*Please provide specific details.*

C. How and what impact has this individual had on patient/customer satisfaction?

*Share stories about this CEO's/President's good influence?*

D. How and what impact did this individual have on improving employee morale and the organization's culture?

*Share specific examples of how the individual's creativity, understanding, and leadership have been inspiring models for others to follow.*

E. Describe what impact the individual has had on improving the community perception of the organization?

*Please provide specific details.*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

**O – 15 The Medical Clinic of Choice**

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Nominate Your Facility: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

**A. Provide a brief snapshot of “why” you are nominating your facility.**

*Here’s an opportunity to brag about your medical clinic and what you’ve accomplished. Evidence to support your achievements might include any relevant survey scores, awards and recognition received by your clinic from the community you serve, increased employment and advancement opportunities now being offered, quotes from community leaders, patients and their families, and whatever else you care to provide.*

**B. How has the clinic made a difference to your community?**

*What’s changed from a year or more ago? How are things better? How has the change affected the community you serve? Why do you feel your clinic is now the Provider of Choice in your market area? How have you marked the change? Who feels the difference most directly? Who is benefiting from this difference?*

**C. What’s changed regarding patient satisfaction at your clinic?**

*Define your accomplishments. Give examples of what you’ve achieved. Don’t be afraid to toot your own horn. Quotes from your community and from healthcare professionals of all kinds are helpful.*

**D. How and what impact did the Clinic’s leaders have on improving employee morale and the facility’s culture?**

*How has morale changed? In what ways is your culture different, healthier now, than before we began this Service Excellence Initiative™? Are your employee retention rates up? Are qualified frontline workers being prepared to advance into supervisory roles? More than ever before, do all employees see themselves as empowered Service ‘problem-solvers’? Be as specific as you can.*

**E. What impact has Service Excellence had on improving the community’s perception of your clinic?**

*Tell us the ripple effect of your good work in the local community. What’s the local buzz about your facility now?*

**F. If the clinic is experiencing improved productivity, and/or income, or in reducing expenses and/or in reduced staff turnover, please give evidence of these benefits. Numbers? Percentiles?**

*Show the before and after components, with time comparisons (i.e. June to June this year.)*

**G. What facility-wide cultural behaviors distinguish your Clinic from others?**

*Tell us why your place is like no other! Why it’s the Clinic Provider and Employer of Choice in your market!*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**

**O – 16 Hospital Provider of Choice**

This nomination form can be accessed online by going to: [www.HCSECawards.com](http://www.HCSECawards.com)

Nominate Your Facility: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Approved by Service Excellence Council?  Yes

A. Provide a brief snapshot of “why” you are nominating your facility.

*Here’s an opportunity to brag about your hospital and what you’ve accomplished. Supporting evidence for your claim would reside in some survey scores, quotes from community-members and patients, newspaper articles, and whatever else you care to provide.*

B. How has the hospital made a difference?

*What’s changed from a year or more ago? How are things better? How has the change affected the community you serve? Why do you feel you are now the Provider of Choice in your market area? How have you marked the change? Who feels the difference most directly? Who is benefiting from this difference?*

C. What’s changed regarding patient/customer satisfaction at your hospital?

*Define your accomplishments. Give examples of what you’ve achieved. Don’t be afraid to toot your own horn. Quotes from your community and from healthcare professionals of all kinds are helpful.*

D. How and what impact did the facility have on improving employee morale and the culture of their environment?

*How has morale changed? In what ways is the culture different, healthier now, than before we began this Service Excellence Initiative™? Be as specific as you can.*

E. What impact has Service Excellence had on improving the community’s perception of your hospital?

*Tell us the ripple effect of your good work in the community. What’s the local buzz about your facility now?*

F. If the facility is experiencing improved productivity, and/or income, or in reducing expenses and/or staff turnover, please give evidence of these benefits. Numbers? Percentiles?

*Show the before and after components, with time comparisons (i.e. June to June this year.)*

G. What hospital-wide cultural behaviors distinguish this healthcare facility from others?

*Tell us why your place is like no other! Tell us why it’s the Provider of Choice and the Employer of Choice in your market!*

**This nomination, with supporting documentation (if applicable), should be sent via email to [info@hcsecawards.com](mailto:info@hcsecawards.com) once approved by the Service Excellence Council.**